New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	#							
	SECTION I: Parties	and Term of Cont	racts					
1	Public Employer:	Public Employer: OCEAN COUNTY BOARD OF SOCIAL SERVICES		County: OCEAN]	
2	Employee Organization	Employee Organization: OPEIU-LOCAL 153 ACFM UNIT		Number of Employees in Unit: 12				
3	Base Year Contract Te	o1/01/2018-	12/31/2020	New Contract Term: 01/01/2021-12/31/2023				
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)		W		
4	Contract set	Contract settled without neutral assistance						
5	Contract sett	led with assistance	of mediator					
6	Contract sett	led with assistance	of fact-finder					
7	Contract sett	led with assistance o	of super-conciliator					
8	If contract was settled		1.255	a report with recom	mendations?			
	Yes No No							
	SECTION III: Salary Base							
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.							
9	Salary Costs in Base Yo	ear	\$ 507,253					
10	Longevity Costs in Base Year		\$ <u>0</u>					
11	Total Salary Base	Total Salary Base \$ 507,253						
	SECTION IV: Salary	Increases for Each	n Year of New Agr	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	01/01/2021	01/01/2022	01/01/2023				
13	Cost of Salary Increments (\$)	21,600	19,200	13,701				
14	Salary Increase Above Increments (\$)	0	0	0		1		
15	Longevity Increase (\$)	0	0	0				
16	Total \$ Increase (sum of lines 13-15)	21,600	19,200	13,701				
17	New Salary Base (\$)	528,853	548,053	561,754		Trupper-vaccion received, here you are able to		
18	Percentage increase over prior year	4.26 %	3.50 %	2.50 %		%	<u></u> %	
	*If contract duration i	s longer than five ve	arc nlease add an a	dditional nage				

Employer:

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

^{*}If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
1	Health Plan Cost	\$ 237,285	\$ 239,672
	Prescription Plan Cost	\$ <mark> 44,277</mark>	\$ 43,720
	Dental Plan Cost	\$	\$
	Vision Plan Cost	\$	\$
	Total Cost of Insurance	\$ 281,562	\$ 283,392
	Employee Insurance Contributions	\$ 28,547	\$ <mark>27,734</mark>
	Employee Contributions as % of Total Insurance Cost	10.14	_% 9.79 %

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued)

28	dentify any insurance changes that were included in this CNA.		
		4	

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Alicia Decker

Position/Title:

Assistant Fiscal Officer

Signature:

Date:

2/9/21

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

Agreement Between Ocean County Board of Social Services And

The Office & Professional Employees International Union, Local 153 (Administrative, Clerical, Fiscal & Maintenance Employees - ACFM)

Certification

I declare to the best of my knowledge and believed the executed collective negotiations agreement	ent(s) and the inc	cluded summary is an accurate assessment
of the collective bargaining agreement for the	term beginning _	1/1/2021thru12/31/2023
	Employer:	Ocean County Board of Social Services
	County:	Ocean
	Date:	7/19/21
	Name:	Meredith Sheehan Print Name
	Title:	Director
		M.10. C